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4-41
7-39
X26390

FILED JAN 24 1948

State File No.

Registration District No.

Primary Registration District No.

Registrar's No. **9992**

1. PLACE OF DEATH:

(a) County
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1820 S. 9th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis** **723**
(If outside city or town limits, write "RURAL")
(d) Street No. **1820 S. 9th St.**
(If rural, give location) **U**
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **17th**
year **1941** hour..... minute..... M.
21. I hereby certify that I attended the deceased from
Sept 15 19**41** to **Dec 17** 19**41**;
that I last saw him alive on **Dec 15** 19**41**;
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Chronic myocarditis
Duration **1 1/2**

Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)
Major findings:
Of operations.....
Of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?.....
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place)
(e) Means of injury.....
23. Signature **J. F. Medeck** (M. D. or other) **MD**
Address **2000 2 2 2** Date signed **12/17/41**

3. (a) PRINT FULL NAME **CHARLES ZISKA**
3. (b) If veteran, name war **no**
3. (c) Social Security No.....

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if
alive..... years
7. Birth date of deceased **about 1888**
(Month) (Day) (Year)

8. AGE: Years **About 53** Months Days If less than one day
hr. min.

9. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business.....

MOTHER FATHER { 12. Name **Andrew Ziska**
13. Birthplace **Bohemia** **4**
(City, town, or county) (State or foreign country)
14. Maiden name **Anna Streitz**
15. Birthplace **Bohemia** **4**
(City, town, or county) (State or foreign country)

16. (a) Informant **Andrew Ziska**
(b) Address **1820 S. 9th St.**

17. (a) **Burial** (b) Date thereof **Dec.**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **New Picker Cemetery**

18. (a) Signature of funeral director **J. F. Medeck**
(b) Address **1926 Allen Ave.**

19. (a) **DEC 17 1941** (b) **J. F. Medeck**
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Benj. C. Duncan

Licensed Embalmer No. *2272*

P. O. Address *1246 Allen*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.